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**HEADQUARTERS, US ARMY MEDICAL COMMAND**  
**Fort Sam Houston, TX 78234-6007**  
**281600Q September 2010**

**OPERATION ORDER 10-78 (DISEASE REPORTING SYSTEM-INTERNET)**

**References:**

- (a) AR 40-5, Preventive Medicine, dated 25 May 2007.
- (b) DA PAM 40-11, Preventive Medicine, dated 19 October 2009.
- (c) TRI-SERVICE REPORTABLE EVENTS, Guidelines & Case Definitions, dated June 2009.

**Time Zone Used Throughout the Order:** Quebec (Eastern Daylight Time).

**Task Organization:** No change.

**1. Situation.** The Army has used the Reportable Medical Events System (RMES) for reporting diseases and medical conditions of public health importance for over a decade. The Disease Epidemiology Program of the U.S. Army Public Health Command (Provisional) (USAPHC) Directorate of Epidemiology and Disease Surveillance (DEDS), responsible for conducting surveillance and follow-up of all reportable medical conditions within the U.S. Army, has identified during the H1N1 influenza pandemic and other recent outbreaks that RMES lacks the desired flexibility, completeness and timeliness to effectively monitor and report disease information. Disease Reporting System-internet "DRSi" superior operating characteristics and, cost effectiveness; Congressional and DoD requirements to employ joint/shared technology solutions; and the decommissioning of RMES as part of the upgrade of the Defense Medical Surveillance System (DMS-S), necessitate adoption of this state-of-the-art system. Therefore, MEDCOM requires Preventive Medicine personnel at the Regional Medical Commands (RMCs) and fixed Military Treatment Facilities (MTFs) to transition from RMES to a web-based application named Disease Reporting System-internet (DRSi). The system will expand in FY11 to include all MTFs and other potential reporting elements.

**2. Mission.** Army Preventive Medicine assets at all RMCs and fixed MTFs will transition to the DRSi no later than 12 October 2010 in order to implement a state-of-the-art system that provides timely, flexible information and significantly increases reportable medical surveillance capabilities.

**3. Execution.**

- a. Commander's Intent. Identify personnel who require training and access to the DRSi system in order to prepare MTFs for the upcoming transition from RMES. This will

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help ensure a seamless transition from RMES to DRSi. No later than (NLT) 12 Oct 2010, all Army Preventive Medicine assets will have completed the DRSi transition. No new reports will be entered into RMES after 11 October 2010. MTFs will be able to utilize RMES to access local historical data until historical data can be migrated into DRSi.

b. Concept of Operations. MEDCOM transition from RMES to DRSi is a three phase operation.

(1) Phase I –Preparation. Phase I begins with the publication of this OPORD and ends 12 October 2010. All current RMES users will complete training and obtain access to DRSi. MTF Preventive Medicine staffs can coordinate training, user access to DRSi and dates of RMES shutoff with USAPHC at [disease.epidemiology@amedd.army.mil](mailto:disease.epidemiology@amedd.army.mil).

(2) Phase II – Transition. Phase II begins on 13 October 2010 and ends 1 December 2010 when all non-RMES user facilities have completed training and obtained access to DRSi. All MTFs will be fully capable to execute the implementation of the new DRSi system at this time.

(3) Phase III – Sustainment. Phase III begins 1 December 2010 and ends when procedures are established to sustain continuity in DRSi system users.

c. Tasks to subordinate units.

(1) Regional Medical Commands.

(a) Ensure Chiefs of Preventive Medicine at each MTF provide names and contact information for at least two users that will require DRSi access. All information will be emailed to [disease.epidemiology@amedd.army.mil](mailto:disease.epidemiology@amedd.army.mil). The following documentation will also be emailed:

1. DD2875 (Annex 1) for each user. In order to obtain password access, users must have the DD2875 signed by their supervisor.

2. A list of the Defense Medical Information System (DMIS) IDs of the MTFs the user is responsible for.

3. Chiefs of Preventive Medicine contact information.

4. 24-hour point of contact information, for follow-up of events.

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(b) Ensure users attend and successfully complete one of the required DRSi training sessions. Register users for training by contacting USAPHC-DEDS at [disease.epidemiology@amedd.army.mil](mailto:disease.epidemiology@amedd.army.mil) or by calling 410-436-2377. Training sessions are scheduled for the following days and times:

1. 29 September 2010 1100 EST.
2. 5 October 2010 1500 EST.

(c) Chiefs of Preventive Medicine will ensure that each user contacts [disease.epidemiology@amedd.army.mil](mailto:disease.epidemiology@amedd.army.mil) to inactivate password upon leaving the MTF. Users are required to reinitiate the password request process upon arrival at a new assignment where DRSi access is required.

(2) Public Health Command (Provisional).

(a) Validate DRSi access upon receipt of the DD2875 and DMIS ID listing.

(b) Contact users by email with their username and password information.

c. Coordinating Instructions.

(1) Coordinate all efforts with USAPHC-DEDS by emailing [disease.epidemiology@amedd.army.mil](mailto:disease.epidemiology@amedd.army.mil) or by calling 410-417-2377.

(2) Acknowledge receipt of this message electronically to OPS21 at [eoc.opns@amedd.army.mil](mailto:eoc.opns@amedd.army.mil) or telephonically at (703) 681-8052 or DSN 761-8052.

**4. Sustainment.** Not used.

**5. Command and Control.**

a. Command. Normal command relationships remain in affect.

b. Signal. The point of contact for this is John Ambrose, DRSi Program Coordinator at (410) 417-2377 or via e-mail at [john.ambrose1@us.army.mil](mailto:john.ambrose1@us.army.mil)

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**ACKNOWLEDGE:** OTSG OPSCENTER 21 at [eoc.opns@amedd.army.mil](mailto:eoc.opns@amedd.army.mil).

SCHOOMAKER  
LTG

**OFFICIAL:**



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**ANNEXES:**

A - DD Form 2875  
B-R - Not used.

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